

Missouri Emergency Response Commission (1) - Department of Public Safety - PO Box 3133 Jefferson City, MO 65102**TIER TWO - Emergency and Hazardous Chemical Inventory (General Information)**Page 1 of **Important: Please read all instructions before completing form**☐ Check if information below is identical to the information submitted last yearReport period from January 1 to December 31, **Facility Identification (2a) - Facility Location**

Facility Name:

Street Address:

City: State: Zip:

Phone: Fax:

E-Mail: County:

Mailing Address:

Name:

Mail Address:

City: State: Zip:

SIC Code: Dun & Bradstreet Number:

NAICS Code: TRI Number:

Latitude: D: M: S: Longitude: D: M: S:

Fire Department with Jurisdiction

Are Any Explosive Listed? ☐ Yes ☐ No

Land Owner: ☐ Other ☐ Family Farm ☐ Pipeline ☐ Local/Federal Government

Owner/Operator Information (2b)

Name:

Mail Address:

City: State: Zip:

Phone: Fax:

E-Mail:

Regulatory point of Contact Information (2c)

Name:

Mail Address:

City: State: Zip:

Phone: Fax:

E-Mail:

Emergency Contact Information (2d)

Name: Title:

Phone: 24 hr. Phone:

Name : Title:

Phone : 24 hr. Phone:

Submission for Reporting Year: ☐ Initial ☐ Update

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 2 , and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator OR owner/operator's authorized representative

Name Title Signature Date Signed

Optional Attachments

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

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Facility Name: <input style="width: 250px;" type="text"/> City: <input style="width: 150px;" type="text"/> State: <input style="width: 50px;" type="text"/> Zip: <input style="width: 70px;" type="text"/>	Emergency Contact Name <input style="width: 130px;" type="text"/> 24 hr. Phone <input style="width: 110px;" type="text"/>
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Chemical Description (3) <input type="checkbox"/> <input type="checkbox"/> Check if info is same as last year. CAS: <input style="width: 80px;" type="text"/> Trade Secret: <input type="checkbox"/> Chemical Name: <input style="width: 360px;" type="text"/> Check all that apply: (<input type="checkbox"/> <input type="checkbox"/>) (<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>) <input type="checkbox"/> Pure Mix Solid Liquid Gas EHS EHS Name: <input style="width: 250px;" type="text"/>	Physical and Health Hazards (4) Check all that apply: <input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (Acute) <input type="checkbox"/> Delayed (Chronic)	Inventory (5) Max Daily Amount Code: <input style="width: 80px;" type="text"/> Avg. Daily Amount Code: <input style="width: 80px;" type="text"/> No. of Days on Site Per Year: <input style="width: 80px;" type="text"/> <input type="checkbox"/> Optional Report
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Storage Codes and Locations (6) (Note: This information is Not Confidential)		
Code:	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Container Pressure Temperature	Storage Location: <input style="width: 440px;" type="text"/>
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